

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS ANA (NONAMBULATORY)

**Facility Information**

**Facility Name:** ANTHONY HOUSE (0010562)

**Address:** 900 WELLS STREET, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2004

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0094513      **End Date:** 02/18/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009396    Served 04/09/2005

Deficiencies Cited

83.21(4)(g)

83.32(2)(a)

83.33(4)(a)

Subject Area

FAIR TREATMENT

INDIVIDUALIZED SERVICE PLAN-SCOPE

PERSONAL CARE

Compliance  
Verified

Corrected

**Survey ID:** 0093683      **End Date:** 11/10/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0092515      **End Date:** 05/10/2004      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 04/06/2005      **SOD #**10009396      **Appealed:** No

Sanctions

PROVIDE TRAINING

FORFEITURE---83.21(4)(g)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(4)(a)

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Community Based Residential Facility  
CLASS ANA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 12/02/2004**

**Date Investigation Completed: 02/18/2005**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009396
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009396
PROGRAM SERVICES	SUBSTANTIATED	10009396

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